

ROVAND FOSTER



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BIBDATASHEET

CONFIRMATION NO. 7918

Bib Data Sheet

SERIAL NUMBER 09/660,785	FILING DATE 09/13/2000 RULE	CLASS 379	GROUP ART UNIT 2645	ATTORNEY DOCKET NO. 1692
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APPLICANTS

Benjamin E. Hansen, Westminster, CO;

Lee R. Quintanar, Boulder, CO;
Scott Morrison, Lakewood, CO;

** CONTINUING DATA *****

This appln claims benefit of 60/153,847 09/14/1999
and claims benefit of 60/153,790 09/14/1999
and claims benefit of 60/153,852 09/14/1999
and claims benefit of 60/153,910 09/14/1999

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 10/27/2000

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged	CO	8	25	3
Examiner's Signature	Initials			

ADDRESS

20350
TOWNSEND AND TOWNSEND AND CREW, LLP
TWO EMBARCADERO CENTER
EIGHTH FLOOR
SAN FRANCISCO , CA
94111-3834

TITLE

Method and system for online call management

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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APPLICANTS
 SEE PETITION 12/7/02
~~Benjamin E. Hansen, Westminster, CO;~~
 Lee R. Quintanar, Boulder, CO, SIMI VALLEY, CA
 Scott Morrison, Lakewood, CO; ✓

** CONTINUING DATA *****
 This appln claims benefit of 60/153,847 09/14/1999 ✓
 and claims benefit of 60/153,790 09/14/1999 ✓
 and claims benefit of 60/153,852 09/14/1999 ✓
 and claims benefit of 60/153,910 09/14/1999 ✓

** FOREIGN APPLICATIONS *****
 NONE R.C.I.F. ✓

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>R.C.I.F.</u> Initials	STATE OR COUNTRY CO	SHEETS DRAWING 8	TOTAL CLAIMS 25	INDEPENDENT CLAIMS 3
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